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5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, MEVER MARRIED, MILDON MED (1994) 100. MILDON	DECEASED	a. (First)	D. (MIGG	11e)	C. (LBST)			•	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.		·	-		i	i			
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Interval etc. Interval etc				NO.	, -				–
Enter only one outs per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) Consistency of the mode of dring, such as heart fallure, astheria, the the above cause (a) stating the underlying course less. Morbid conditions, if any, giving DUE TO (b) Atau occlosofts Heart District of the above cause (a) stating the underlying course less. Morbid conditions, if any, giving DUE TO (b) Atau occlosofts Heart District of the above cause (a) stating the underlying course less. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the distract or condition causing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the distract or condition causing death. Pla. ACCIDENT SUICIDE (Broodly) ZIB. PLACE OF INJURY (a.g., in or about 10 to 1	No N	one	None		Mrs. Goldie M	linor	<u>2315 Frai</u>	icis S	${f st.Joseph}$
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NOTION RIS. ACCIDENT (Specity) SUICIDE (Specity) Line (Month) (Day) (Year) (Hour) Physical Control of the disease of condition causing death. 21c. (CITY, TOWN, OR TOWNSHIP) Line (Month) (Day) (Year) (Hour) SUICIDE (Month) (Day) (Year) (Hour) Physical Control of the disease of the death of the decease of from 12 - 1	This does not mean the mode of dying, such as heart failure, asthenia,	ANTECEDENT CA	AUSES	(b) Ort	enocelarot	te)	Heart K	لدي ا	
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WHILE AT WORK NOT WHILE 22. I hereby certify that I attended the deceased from \(\frac{1}{2} - \frac{9}{4} \), to \(\frac{1}{2} - \frac{1}{2} \), that I last saw the deceased alive on \(\frac{1}{2} - \frac{1}{2} \), \(\frac{1}{2} - \frac{1}{2} - \frac{1}{2} \), \(\frac{1}{2} - \frac{1}{2} - \frac{1}{2} \), \(\frac{1}{2} - \frac{1}{2} - \frac{1}{2} - \frac{1}{2} \), \(\frac{1}{2} - \frac	SUICIDE	(Specify)	21b. PLACE OF INJURY (e home, farm, factory, street, of	.g., in or about fice bldg., etc.)	21c. (CITY, TOWN, OR T	(OWNSHIP)	(COU	NTY)	(STATE)
alive on 12-21., 1950., and that death occurred at 2:21) A m., from the causes and on the date stated above. 23a SIGNATURE (Degree or title) 23b. PODRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	21d. TIME (Month) OF INJURY	(Day) (Year) (WHILE AT (N	OT WHILE	21f. HOW DID INJURY	OCCURT			
HEG. REGISTRAR'S SIGNATURE HEAL SURIAL CREMA 246 DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Stationary) 12/23/50 Mb Quelium et Joseph Modern 25, Funeral Director's Signature address		hat I attended t	he deceased from			<u> </u>	_, 19 <u> </u>	at I last te stated	saw the dece above.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Standard Capacity) 24d. LOCATION (City, town, or county) (Standard Capacity) 24d. LOCATION (City, town, or county) (Standard Capacity) 25. FUNERAL DIRECTOR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	Za SIGNATURE	003	rum 7	no	for your	shi	mo	4.50	23c. DATE SIG
REG. 7	(Jurial, 1)	1/2/22	150 Mb.	of CEMETER	burn -	elt.	Josep	N:	mo
	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE	it free	25, FUNERAL DI RECT	OR'S SI	CHATURE T	ADI	ORE SS
	Jan 2. 1951	Caro	Co. Com	Culad	Kator Lowman	- towar	A Home.	St.	Joseph.

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I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by	
	Student Embelmer No	·····
orking under my personal supervision.	,	

ervision.

Signed Will Spelling

Student Embalmer

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.